ELTHAM
CHURCH OF ENGLAND
PRIMARY SCHOOL
SINCE 1814

Roper Street
Eltham
London SE9 1TR

T 020 8850 1528
E sao1@elthamce.greenwich.sch.uk
www.elthamcoeschool.co.uk

SUPPLEMENTARY FORM FOR IN YEAR ADMISSION to ELTHAM CHURCH of ENGLAND SCHOOL

Those parents wishing to apply for a place at Eltham Church of England School under the faith criteria should complete this SUPPLEMENTARY FORM and return it to the school office.

Faith applicants who do not complete and return a Supplementary Form will be assessed under the last criterion (home/school distance).

Section 1 - Pupil Information

Surname: _____ Date of birth: .....

Forename(s): .....

Section 2 - Parent/Guardian Information

Name of parent(s)/guardian(s): .....

Home Address: _____

.....

Please complete **either**: Section 3a (Anglican Church Worshippers)
or: Section 3b (Other Christian Faith Worshippers)

Section 3a –Anglican Church Commitment

Name and address of the Church which you and your child attend: .....
.....
.....

Have you and your child attended this Church at least twice a month for 2 years – *please tick one box.*

☐ Yes ☐ No

Please give dates **FROM:** **TO:**

Section 3b – Other Christian Faith Commitment

Name of Church which you

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and your child attend: ……...

Name of Priest | Minister | Faith Leader: ……...

Address: ……

……

Denomination of Church: ……

Have you and your child attended this Church for at least twice a month for 2 years – *please tick one box.*

☐ **YES** ☐ **NO**

Please give dates **FROM:** **TO:**

If you have moved recently, please give the name & address of your previous Priest, Minister or Faith Leader:

Name of Priest, Minister or Faith Leader: _____

Address: .....

.....

Please give dates: **FROM:** **TO:**

Section 4 - Declaration

I confirm that the information given above is correct and that I have read and understood the School's Admission Policy.

Signed: _____ Date: .....
(Parent/Guardian)

Contact telephone no: _____

Email address: _____

Please note: The school will now contact your Priest, Minister or Faith Leader to verify the information given above.

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RE PLANNED ADMISSION FOR RECEPTION CLASS*:*

If there has been no response from your Priest, Minister or Faith Leader or if your Supplementary Information Form has not been validated, the school will contact you by email.

Please write your email address **clearly** below:

_____

(For Office Use)

I hereby confirm receipt of the Supplement Information Form for

_____ (Name of child)

Received on _____

Signed _____